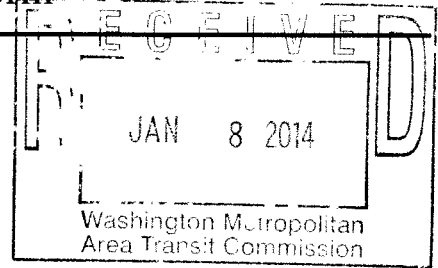


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

### 1. CARRIER INFORMATION:

1846 | Salara LLC

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

313 70th Street | | Seat Pleasant | MD | 20743-2208

\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(301) 300-3648 | 240-461-6330 | 202 204 0378 | fffflar@yahoo.com | Salara 30 a' yahoo - Co

\*Telephone | Other Telephone | Fax | E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mrs. Omolara I Marsh | Owner

\*Name

\*Title

(301) 300-3648 | 240-461 6330 | 202 204 0378 | fffflar@yahoo.com | SALARA 30 a' yahoo C

\*Telephone | Other Telephone | Fax | E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process | Telephone | E-mail

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓ 1	2006	FORD	1FTSS34L16HAB2563	51748B	MD	7	YES
✓ 2	2007	DODGE CARAVAN	1DAGP2SR46B698831	52521B	MD	7	NO
✓ 3	2009	FORD	1FTDS34L169DA56970	55197B	MD	6	YES
✓ 4	2008	DODGE CARAVAN	1D8HNS4P58B166511	53516B	MD	7	NO
5	2007	CHEVY VAN	1GAGG25UX61230232	55138B	MD	7	NO
6	2009	FORD	1FTDS34L29DA25988	55196B	MD	6	YES

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

EMOHARA MARSH  
\*Name (type or print)

CEO  
\*Title (not required for sole proprietors)

Umao  
\*Signature

1-6-14  
\*Date